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CONFIRMATION NO. 6299

<b>SERIAL NUMBER</b> 10/528,329	<b>FILING OR 371(c) DATE</b> 03/18/2005 <b>RULE</b>	<b>CLASS</b> <del>514</del> 546	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 21054P
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/34009 10/24/2003 which claims benefit of 60/422,268 10/30/2002 *JMN*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 273	<b>INDEPENDENT CLAIMS</b> 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>JMN</i> Examiner's Signature Initials				

**ADDRESS**

210

**TITLE**

Gamma-aminoamide modulators of chemokine receptor activity

<b>FILING FEE RECEIVED</b> 1600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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